

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name (Last, First, Middle Initial) of Payee CHRIS MOTTOLA CONSULTING, INC.			Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1382 LAFAYETTE ST			Amount 26578.00	
City CAPE MAY State NJ Zip Code 08204		Transaction ID : SE24-0.032219		
Purpose of Expenditure MEDIA		Category/Type		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM OWENS			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 649145.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee CHRIS MOTTOLA CONSULTING, INC.			Date MM / DD / YYYY 10 / 21 / 2012	
Mailing Address 1382 LAFAYETTE ST			Amount 20253.00	
City CAPE MAY State NJ Zip Code 08204		Transaction ID : SE24-0.032218		
Purpose of Expenditure MEDIA		Category/Type		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY COURTNEY HOCHUL			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 430216.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....			46831.00	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature KEITH DAVIS		Date 10 / 21 / 2012 [Electronically Filed]		

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(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C

C00075820

Check If ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

ONMESSAGE INC

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address 2130 PRIEST BRIDGE DR # 11

Amount

4231.95

City

CROFTON

State

MD

Zip Code

21114

Transaction ID : SE24-0.032220

Purpose of Expenditure
MEDIACategory/
Type

Office Sought:

☒

House

State:

NY

☐

Senate

District:

24

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

DANIEL B MAFFEI

Calendar Year-To-Date Per Election
for Office Sought

1231363.71

Disbursement For: ☐ Primary☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

M M /

D D /

Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐

House

State:

☐

Senate

District:

☐

President

Check One:

☐

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary☐

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

4231.95

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

51062.95

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KEITH DAVIS

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature